

# EXHIBIT B

\*\* ROUGH DRAFT \*\*

UNITED STATES DISTRICT COURT  
FOR THE  
DISTRICT OF VERMONT

MISTY BLANCHETTE PORTER, MD, )  
)  
Plaintiff, )  
v. ) 2:17-CV-194  
)  
DARTMOUTH-HITCHCOCK MEDICAL )  
CENTER, DARTMOUTH-HITCHCOCK ) March 26, 2025  
CLINIC, MARY HITCHCOCK MEMORIAL )  
HOSPITAL, and )  
DARTMOUTH-HITCHCOCK HEALTH, )  
)  
Defendants. )

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BEFORE THE HONORABLE KEVIN DOYLE  
UNITED STATES DISTRICT JUDGE

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TRIAL TESTIMONY OF DR. MISTY BLANCHETTE PORTER

APPEARANCES:

For the Plaintiff:

ERIC JONES  
GEOFFREY J. VITT  
SARAH H. NUNAN

For the Defendants:

DONALD W. SCHROEDER  
MORGAN McDONALD  
TRISTRAM J. COFFIN

Jan-Marie Glaze, CCR, RPR, CRR Certified Court Reporter

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1 and to make certain that we are keeping the patients'  
2 interest and patients' safety as our first priority.

3 Q You mentioned Dr. Hsu. Did you also mention  
4 Dr. Seifer?

5 A Yes. From early on, I had lots of conversations with  
6 her about Dr. Seifer, the multiple complaints I was  
7 receiving from everywhere. It was -- it was uniform.  
8 And it was from places that we never get complaints  
9 from. So very early on, it was from the nurses on a  
10 really regular basis who were in IVF procedure room  
11 with him, and it was the nurses in clinic. It was the  
12 ultrasound techs, multiple of them, who worked with  
13 him. It was the embryology staff. It was also  
14 genetics, the genetics counselors, it was the maternal  
15 fetal medicine staff, and then it was also the  
16 anesthesiologist which is really like, in all my years  
17 there, I had never received a concern expressed by the  
18 anesthesia staff. So I was talking regularly, per as  
19 my duty to report this to her, and to Heather Gunnell  
20 oftentimes.

21 I talked to her at length about multiple issues in  
22 terms of billing issues and my concerns about  
23 compliance, billing compliance. I talked to her about  
24 the Zika issues. I talked to her about the trainees  
25 and the residents and the issues that we were facing

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1 and the issues that patients were facing in that. So,  
2 yes.

3 Q Thank you. I want to turn for a few minutes and talk  
4 about the impact that the firing at Dartmouth-Hitchcock  
5 had upon you.

6 A Mm-hm.

7 Q Can you tell me what was your -- you or your attachment  
8 or your connection to the REI division?

9 A I'm a Dartmouth Medical School Graduate. I had a lot  
10 of pride in being a graduate of the Geisel School of  
11 Medicine. I worked really hard to get there, and I  
12 worked really hard while I was there. I had a lot of  
13 pride working with Dartmouth-Hitchcock and helping grow  
14 an IVF program from 25 cycles to just under 200 cycles,  
15 and it was all aspects of it from nursing, marketing,  
16 the embryology lab to bringing on a computerized  
17 medical record to all of that.

18 I had a lot of pride working at that organization  
19 and for years, 20, maybe more I think, early on I was  
20 identified as the person to work on the perioperative  
21 surgery committee, and that had different iterations  
22 over the years, but I was the OB-GYN representative to  
23 that and became vice chair of perioperative services.  
24 And those meetings were oftentimes early morning, late  
25 evening, but I felt like I was contributing to the

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1 mission of the organization financially that way. And  
2 I felt like I was contributing to the educational  
3 aspects of it and the research aspects of it.

4 So when I lost my job, I was in process of  
5 establishing at Dartmouth the first or second -- I  
6 believe first -- U.S. site for a research project as  
7 part of multi-international project looking at the  
8 treatment of ovarian masses and ovarian cysts that  
9 could be non-cancerous versus cancerous. It's called  
10 the International Ovarian Tumor Analysis Group. And I  
11 was the first U.S. member that was invited to their  
12 meetings. So I felt like I was contributing to the  
13 research aspects of what we do, and that cutting-edge  
14 research has changed how we evaluate and we treat women  
15 with ovarian masses through all age groups. So I felt  
16 like I was contributing a good deal.

17 Q Had you ever heard of a division being closed or  
18 shuttered at Dartmouth-Hitchcock before?

19 A No.

20 Q Tell me how being terminated from your position, from  
21 your job, how did that feel?

22 A If I -- if I go back there, it was absolutely  
23 devastating. I think I cried all summer. I was trying  
24 to drive to UVM and meet their needs. I was trying to  
25 sort out where I was with my illness at the time. I

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1 had been told that I would be 100 percent cured, but I  
2 knew that I was going back to the Mayo Clinic for  
3 another surgery which in itself is scary. None of us  
4 voluntarily jump up on the operating room table, you  
5 know. And I was not sleeping well.

6 I was trying to maintain some semblance of being  
7 normal for my children. I had lots of colleagues  
8 reaching out and coming over, but it was also, you  
9 know -- I had been there 20 years. I had patients that  
10 entire 20 years. And so it was a loss of that  
11 community. I had colleagues for 20 years, and they  
12 cared for me, and I cared for them, and we had that  
13 connection.

14 Q I mentioned in the opening about the importance of  
15 being part of a community and going to a soccer game  
16 and having somebody across the field hold up a child.  
17 Can you talk about that?

18 A Yeah. One of the great gifts of being in a small  
19 community is that I was able to -- and understand  
20 HIPAA. I was able to see the children and the families  
21 that were created, you know, from individuals who were  
22 really sad and oftentimes depressed, to have the joy of  
23 children in their lives. So I could go to the grocery  
24 store or a soccer game or a football game or even at my  
25 own dinner table was one of my IVF babies. And he told

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1 my son that he was an IVF baby, so there was no HIPAA.  
2 I still see him. He's in medical school now. He comes  
3 home from medical school and has dinner with us. And  
4 that was a really fulfilling great joy, and I still see  
5 them, you know.

6 Individuals who work and live in the community and  
7 these many years later, I still get holiday cards and  
8 Christmas cards of these children as they grow and lots  
9 of thank yous and how their life has changed.

10 Q What were your choices in terms of jobs after you lost  
11 the position at Dartmouth-Hitchcock?

12 A I was on long-term disability.

13 Q Right.

14 A Which meant that there was no way I was ever going to  
15 be able to get a personal loan to open a private  
16 practice in the community. I was on long-term  
17 disability, and I thought it not likely that any other  
18 academic center or private practice would hire me. So  
19 it was because I had an open-door policy at the  
20 University of Vermont that -- and they had a fellowship  
21 training need that I was able to work per diem at UVM  
22 until I proved that I was well.

23 Q How long did it take for you to get off the per diem  
24 and go to actually becoming a full-time employee?

25 A Over a year, I would say. 14 to 16 months, something



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1           like that.

2       Q     Okay. And when you began, after becoming a full-time  
3           employee, you were at .8, correct?

4       A     Yes.

5       Q     Okay. And full-time is 1.0, right?

6       A     1.0, yes.

7       Q     All right. So why did you want to work a .8 instead of  
8           a 1.0?

9       A     My life is in Norwich. You know, I have now -- I had  
10           to re-establish myself with work colleagues here, but I  
11           have been with my husband 40-something years and  
12           married over 36, and I've also had children who were  
13           home for the summers and home for holidays, and I  
14           wanted to be able to make certain that, given the  
15           physical distance and the requirement for being here  
16           when I'm on call within 30 minutes of the hospital,  
17           that I was still able to spend time with those that I  
18           love and to maintain my marriage and to make sure that  
19           I was the mother I wanted to be with my children.

20      Q     Did your former colleagues still contact you and ask  
21           for help?

22      A     Yes, regularly. I've had long-term relationships with  
23           many of these physicians, and so as always in my  
24           practice I'm more than happy if I have the ability and  
25           not on work restrictions, to help them.

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1 Q Give me some range of the description of the range of  
2 questions that you get from them when they contact you.

3 A Anywhere from recently from the Manchester Hitchcock  
4 clinic, which is in the southern region, an  
5 individual -- a lot of what I did at Hitchcock was  
6 complicated first trimester pregnancy problems. As the  
7 resource for the network they would come to us. So  
8 Manchester had a patient with a cesarean scar  
9 pregnancy, so the pregnancy was not actually in the  
10 uterine cavity. It was in the C-section scar which is  
11 a life-threatening location, and so they consulted me  
12 about how to treat that.

13 I've received patients in referral for huge, large  
14 uterine fibroids and to do them, the removal of those  
15 fibroids from the uterus, for endometriosis and pelvic  
16 pain for medical management or surgical management, for  
17 how to provide reliable contraception for a patient --  
18 in patient who was admitted with a blood clot at  
19 Dartmouth.

20 I, you know, we like to make certain that these  
21 patients are also registered here so that I can write a  
22 quick note to make sure that they communicate with the  
23 Dartmouth. Many patients with birth defects of the  
24 reproductive tract. I consult on for the high-risk OB  
25 service, I do consults and do that collaborative work.

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1 Q Let me make sure that I get this right. What you're  
2 describing are contacts that are coming to you now from  
3 Dartmouth-Hitchcock physicians to ask you for your help  
4 and expertise, correct?

5 A Correct.

6 Q When you first took the job at UVM, where were you  
7 staying when you had to come up and spend several days?

8 A I was staying in a hotel. I would go in -- I think I  
9 was working usually around three days a week. So I  
10 went usually Tuesday, Wednesday, Thursday, sometimes  
11 other days. Sometimes I was helping cover the IVF  
12 service over the weekends up here, but I was staying in  
13 a hotel.

14 Q And then eventually did you and your husband decide to  
15 buy a condo to avoid the hotels?

16 A Yeah. I had to wait until UVM could have an official  
17 job. So one, I wanted to wait until I had my second  
18 surgery because I felt, for my integrity, that I  
19 shouldn't offer myself to be a full-time faculty  
20 position until I knew I was back to who they told me I  
21 would be. So Dr. Bernstein and I had several  
22 conversations around that. I had my second surgery in  
23 September of 2017.

24 Q Is Ira Bernstein the chair of the OB-GYN department?

25 A Yeah. And I had to go back through the proctor system

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1           that we had described before, so I was proctored in the  
2           OR, which I fully welcomed. It's the natural process  
3           of bringing someone back in. I would have had to do  
4           fewer cases if I was a brand new faculty, but in -- I  
5           would say that was perfectly acceptable, but it was to  
6           prove to me and to my colleagues, yep, she's back on  
7           her game and she can take a full-time job.

8   Q       You were back on your game?

9   A       I was absolutely back on my game. And I think that if  
10          I reflect on it, in many ways, I'm better.

11   Q       How so?

12   A       I'm more patient, you know -- and they had told me at  
13          Mayo that how you problem solve may be different. And  
14          so when I think about OR cases, I do think I have a  
15          different perspective in terms of how to solve a  
16          problem, which is better. I'm more patient with  
17          myself. I'm more patient with how we get things  
18          through challenges. But what happened is it was not an  
19          official job. So Dr. Bernstein had to submit for a  
20          faculty position for me through the physicians  
21          workforce which took a while, and then it had to go  
22          over to the university to go through the provost office  
23          to get it. So that's why. Once that was done, then I  
24          started on faculty, and I had to be on -- because I had  
25          been on long-term disability I had to be on faculty

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1 before we could re-mortgage our house in Norwich to be  
2 able to afford a down payment for a condominium in  
3 Burlington.

4 Q All right.

5 MR. VITT: Will the Court indulge me for a  
6 second?

7 THE COURT: Yes.

8 (Pause.)

9 Q (By Mr. Vitt) You mentioned that it was a stressful  
10 time during the summer after your termination.

11 A Yes, very.

12 Q Any physical manifestations of how that stress played  
13 out?

14 A Yeah. I had a marked clinical depression. I spent as  
15 I said most of the summer crying. I was grinding my  
16 teeth so much at night that, despite my best efforts, I  
17 cracked a molar and ended up with a dental abscess and  
18 a pulled tooth and a year later a dental implant after  
19 multiple courses of antibiotics to try and help cure  
20 the abscess.

21 I lost a ton of weight in that period of time, and  
22 I had to go back to the Mayo in that situation to --  
23 had the tooth pulled because I had to go back for  
24 another neurosurgery, and I couldn't have an active  
25 infection and have my second surgery.

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1 Q All right. Going back to the economic effects of the  
2 termination, were you making less money at the  
3 University of Vermont than you were being paid at  
4 Dartmouth-Hitchcock?

5 A Yes.

6 Q So there was a period of time you were on per diem,  
7 correct?

8 A Yeah.

9 Q Yes?

10 A Yes. Yeah.

11 Q And then you went to a .8 which was less than you were  
12 being paid at Dartmouth-Hitchcock, correct?

13 A Yes. Yes.

14 Q If you stayed at Dartmouth-Hitchcock, would you have  
15 been promoted, in your view to full professor?

16 A I met the criteria to be promoted to full professor  
17 when I was there. I had been working at it with this  
18 international research group, and I had been the head  
19 of the American Institute of Ultrasound and Medicine  
20 GYN of community practice, that was six years. So I  
21 had national recognition, and I was teaching nationally  
22 and internationally in GYN ultrasound and writing book  
23 cap chapters and writing papers on a whole host of GYN  
24 ultrasound to infertility-related ultrasound. So in  
25 terms of the checkboxes that you need for a promotion,

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1 I had met them.

2 The issue I had is that the standards for  
3 promotion at the University of Vermont is that you have  
4 to be on faculty for five years before you can be  
5 promoted, and so as soon as Ira -- as soon as I met  
6 that criteria -- in that first year, I was per diem  
7 because of my illness. As soon as Ira was able to put  
8 me up, he put me up for a promotion, and I easily was  
9 promoted, but that takes a year.

10 Q But if you had stayed at Dartmouth-Hitchcock, given the  
11 publishing and the speaking that you've referred to, do  
12 you believe you would have been promoted to full  
13 professor?

14 A Yes.

15 Q Did you receive raises each year at  
16 Dartmouth-Hitchcock?

17 A For the most part, yes.

18 Q And let me talk for a minute about how long you intend  
19 to work. You're how old now?

20 A 62.

21 Q And how long do you expect to continue to work?

22 A I expect to work at least until 2033 at this point, and  
23 while many people would retire at 65 and then available  
24 for a significantly reduced pension from Dartmouth, so  
25 one of the fallouts -- I was on the old pension plan, I

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1 never converted. One of if fallouts of my termination  
2 is that my pension plan significantly altered both when  
3 I can take it and how much money I would get.

4 My mother is 80, and she is still working two  
5 jobs. She is the -- she was the chair of geriatric  
6 medicine at the University of Hawaii and is the medical  
7 director for nine nursing homes, and she also does  
8 consulting memory work. My grandmother was 86 when she  
9 finished working her job. And so in my lifetime, it  
10 will be the balance of the pressures of commuting and  
11 call and the joy I have with working and training  
12 trainees.

13 Q You're still enjoying the work that you do at UVM?

14 A I do, yes.

15 Q You still enjoy the surgery?

16 A Very much so.

17 Q You're still doing the complicated surgeries you did  
18 before?

19 A Yes.

20 Q Laparoscopic and robotic?

21 A Laparoscopic, robotic, open, combined with GYN  
22 oncology, hysteroscopic.

23 Q Okay. I want to show you what's been marked as an  
24 exhibit as Plaintiff's Exhibit 68. Maybe we'll go with  
25 paper? How do we want to proceed?



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1 THE COURT: If it's not in evidence yet, you  
2 should show it to the witness.

3 MR. VITT: It is not.

4 THE COURT: And not publish it.

5 MR. SCHROEDER: Objection, Your Honor.  
6 Hearsay, foundation.

7 THE COURT: Okay. I don't think Mr. Vitt has  
8 asked any questions yet.

9 MR. SCHROEDER: That's true.

10 MR. VITT: Not yet. But I can accommodate  
11 him.

12 Q (By Mr. Vitt) Can you tell me, is the top part of that  
13 document an e-mail that you received?

14 A Yes.

15 Q From whom?

16 A Katrina Thorstensen who, when I was at Dartmouth in the  
17 clinic, each advanced practice provider, whether it be  
18 the midwives, the nurse practitioners, the physicians  
19 assistants were mentored and teamed with an attending  
20 staff physician to run questions by and talk about  
21 clinical care and also help them in clinic when they  
22 were having trouble. And so Katrina was a midwife, or  
23 is a midwife, who provides largely gynecologic care in  
24 clinic, and so she was one of the two -- Elizabeth Todd  
25 was the other one -- the two mid-level, I would say

Porter - Direct by Mr. Vitt